

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PMW</i>	<i>62614</i>	<i>10/26/63</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>1115</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>EWG</i>	<i>62614</i>	<i>12/14/63</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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6	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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